

GRANT AWARD APPROVAL FORM

1. OFFICIAL NAME OF GRANT PROGRAM:

Date of SBE Approval of Grant Criteria 9/12/2006

2008--2009 Middle College High School Health Partnership Grant
(year) (year) (title)

Type: ☐ Initial ☒ Amendment ☐ Continuation

Legislation Authorizing This Grant Program: Public Act 268 of 2008

☐ Federal Grant: CFDA Number _____ ☒ State Aid Grant: Section Number 64 ☐ Other (Private, Foundation)

2. SBE Priorities, Policies, and Programs that this Grant Supports (This information can be found on the SBE approved grant criteria form.):

The goal of this project is to increase student achievement by providing opportunities to study and participate in learning activities related to health sciences in a middle college environment. This is consistent with the SBE strategic goal to attain substantial and meaningful improvement in academic achievement for all students/children.

3. Background/Purpose of Grant Program: The Middle College High School with focus on health science occupations provides students who have been traditionally underserved with new experience and opportunities related to health sciences while earning a high school diploma and an associate's degree or the ability to transfer courses as college credits.

Type of Grant Program: (check one)

- ☒ Competitive
☐ Formula
☐ Other: (specify below)

4. Target Population to be Served by Grant:

The target population of this grant is high school students in grades 9 through 12 and students with extended learning opportunities through grade 14.

5. Eligible Applicants:

Grants will be made available to ISDs or a school district of the first class that is in consortia with (1) a state public community college or public university, and (2) an accredited hospital.

6. Award Information:

Amendment Date(s): 10/1/08

Amendment Amount(s): \$750,000

Total Recommended
Award to Date: \$1,750,001

Original Award Date:
10/01/08

\$ _____

Original Award Amount:
\$1,000,001

\$ _____

\$ _____

7. Program Office Responsible:

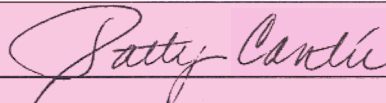
<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>
Office of Career & Technical Education	Education & Employer Partnerships	Christine Reiff	10260

This Form Was Prepared by: Kelli Cross

Phone Number: 51185

8. OFFICE

Office Director Approval Signature: _____



Date: _____

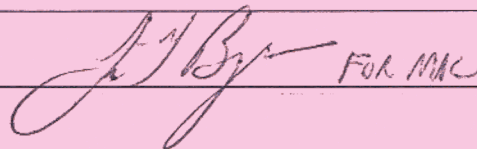
10/27/08

Phone: 333 73

Comments: _____

9. GRANTS OFFICE

Grants Office Approval Signature: _____



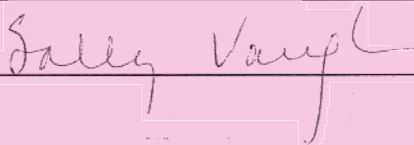
Date: _____

11/03/08

Comments: _____

☐ Exhibit A Not Required☐ Exhibit B Not Required**10. DEPUTY SUPERINTENDENT**

Deputy Superintendent Approval Signature: _____



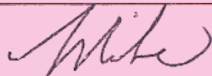
Date: _____

11-7-08

Comments: _____

11. SUPERINTENDENT

Superintendent Approval Signature: _____



Date: _____

11/9/08

Comments: _____

INSTRUCTIONS

- A. Complete items 1-8 on this form. The Grants Administration and Coordination Unit will facilitate completion of items 9-11.
- B. **Attach three (3) sets of Exhibits A and B (one original and 2 copies).** Do not staple the pink form nor the originals of Exhibits A and B.
- Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested and the amount Recommended to be funded.
- Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.
- C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D. Transmit Grant Award Approval Form (pink), attachments, and letters to the **Grants Administration and Coordination Unit.**

Note: This process takes, on average, two weeks from the time the packet with the Office Director's signature on it is delivered to the Grants Office, until the time the fully signed packet is routed to the person administering the grant program. This time varies depending upon the number of corrections that are necessary and the availability of all of the signers. It can take longer particularly around holiday times when the signers may be out of the office. Proofread and plan accordingly.

Exhibit A

2008-2009 Middle College High School Health Partnership Grant

Applicants Recommended for Funding

<u>Applicant</u>	<u>Total Requested</u>
Macomb ISD	\$250,000
Monroe ISD	\$250,000
Van Buren ISD	\$250,000
<u>Total</u>	<u>\$750,000</u>

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Applicants Not Recommended for Funding

<u>Applicant</u>	<u>Total Requested</u>
Berrien ISD	\$134,500
Health Careers Academy of St. Clair County	\$250,000
Ottawa ISD	\$250,000
Bay-Arenac ISD	\$250,000
Walled Lake Consolidated School District	\$250,000
<u>Total</u>	<u>\$1,134,500</u>